

Care Directive Title:	Treatment of Croup in the Emergency Department	
Applies To:	Registered Nurses, Advanced Care Paramedics and Critical Care Paramedics in the Emergency Department	
Approved:	Effective:	Next Review:
Nov. 26, 2019	Nov. 10, 2020	Nov. 26, 2023
Sponsor:	Senior Director, Emergency Program of Care Senior Medical Director, Emergency Program of Care	
Issuing Authority:	Health Authority Medical Advisory Committee	
Number: CD-EC-065	Manual: Interdisciplinary Clinical	

This is a Care Directive for Registered Nurses (RNs), Advanced Care Paramedics (ACPs), and Critical Care Paramedics (CCPs) in the Emergency Department (ED) that requires a review of competency prior to performing.

PURPOSE

The purpose of this care directive (CD) is to guide the assessment and treatment of children with croup, and to authorize the Health Care Provider (HCP) in the Emergency Department (ED) to initiate the treatment pathway for children with mild to moderate illness who meet the inclusion criteria.

POLICY STATEMENTS

1. An HCP working in the ED who has obtained the required competency in the care of children with croup is authorized to autonomously implement this CD.
2. Children who present to the ED with a recent history of barky cough and/or signs and symptoms suggestive of croup are to receive care based on the Croup Treatment Pathway (see [Appendix B](#)).
3. An HCP may initiate the Croup Treatment Pathway (see [Appendix B](#)) and administer the medications contained within the pathway for patients who meet the inclusion criteria (see [Appendix D](#)).
4. The ED physician must:

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- 4.1. Always be available in the ED for consultation and collaboration with the RN.
- 4.2. Complete a patient assessment on every patient who presents to the ED who is started on the Croup Treatment Pathway (see [Appendix B](#)).

PRINCIPLES AND VALUES

1. Treatment of croup symptoms should be evidence-based and grounded in best practice to promote patient safety and quality care.
2. EDs aim to reduce patient wait times while continuing to provide safe, high-quality care.

COMPETENCY REQUIREMENTS

The HCP is responsible to:

1. Complete a program of study related to croup during their orientation to the ED.
2. Review this CD.
3. Watch the Translating Emergency Knowledge for Kids (TREKK) croup video.
4. Complete the IWK Emergencies in Kids – Croup Learning Module.
5. Demonstrate, to an HCP competent in enacting this CD, an understanding of the following:
 - 5.1. Components of assessment and care within the Croup Treatment Pathway (see [Appendix B](#)).
 - 5.2. Levels of Severity of Croup (see [Appendix C](#)).
 - 5.3. Medications contained within this CD.
6. Complete an annual self-assessment.
 - 6.1. Develop a plan to address any identified deficits with immediate supervisor. Examples may include:
 - Review the orientation to the ED program of study related to croup.
 - Review of this CD.
 - Complete the IWK Emergencies in Kids – Croup Learning Module.
 - Demonstrate an understanding of the components of this CD to an HCP competent in enacting this CD (as above [Competency #5](#)).

PROCEDURE

The HCP:

1. Completes a full patient assessment including:
 - Complete set of vital signs
 - Patient's weight
2. Reviews inclusion and exclusion criteria ([Appendix D](#)) to determine if this CD applies.

3. Assesses and determines the severity of croup based on information provided in [Appendix C](#).
 - 3.1. Immediately place a patient identified as severe or impending respiratory failure in a care space and consult an Emergency Physician (EP) to assess.
 - 3.2. Initiate the CD for patients identified with mild or moderate illness.
 - The HCP administers oral dexamethasone based on croup severity as per the Croup Treatment Pathway (see [Appendix B](#)).
4. Provides education on croup.
 - 4.1. Instructs the parent/substitute decision maker (SDM) to view the croup video from the [TREKK website](#).
 - 4.2. Review [croup handout](#) with the parent/SDM.
5. Documents the following in the ED Record:
 - 5.1. Assessments and findings
 - 5.2. Interventions provided
 - 5.3. Time and dose of medication given
 - 5.4. If the patient, parent/SDM refuses treatment.

REFERENCES

- College of Registered Nurses of Nova Scotia. (2012). *Care directives guidelines for registered nurses*. Retrieved from <http://crnns.ca/documents/CareDirectives.pdf>
- Toward Optimized Practice Working Group for Croup. (January, 2008). *Diagnosis and management of croup*. Retrieved from <https://top.albertadoctors.org/CPGs/Lists/CPGDocumentList/croup-guideline.pdf>
- Canadian Pediatric Society. (January 6, 2017). *Acute management of croup in the emergency department, practice point*. Retrieved from <https://www.cps.ca/en/documents/position/acute-management-of-croup>
- Translating Emergency Knowledge for Kids. (December, 2016). *Bottom line recommendations: croup*. Retrieved from https://trekk.ca/system/assets/assets/attachments/473/original/2020-06-04_BLR_Croup_v_3.1.pdf?1591298071

RELATED DOCUMENTS

Forms

- Emergency Department Record
- Emergency Treatment Record

Brochures

About Kids Health: Croup. Retrieved from

<http://www.aboutkidshealth.ca/En/HealthAZ/ConditionsandDiseases/LungandBreathingDisorders/Pages/Croup.aspx>

Learning Module

IWK Emergencies in Kids – Croup

Appendices

[Appendix A](#) – Definitions

[Appendix B](#) – Croup Treatment Pathway

[Appendix C](#) – Levels of Severity for Children with Croup

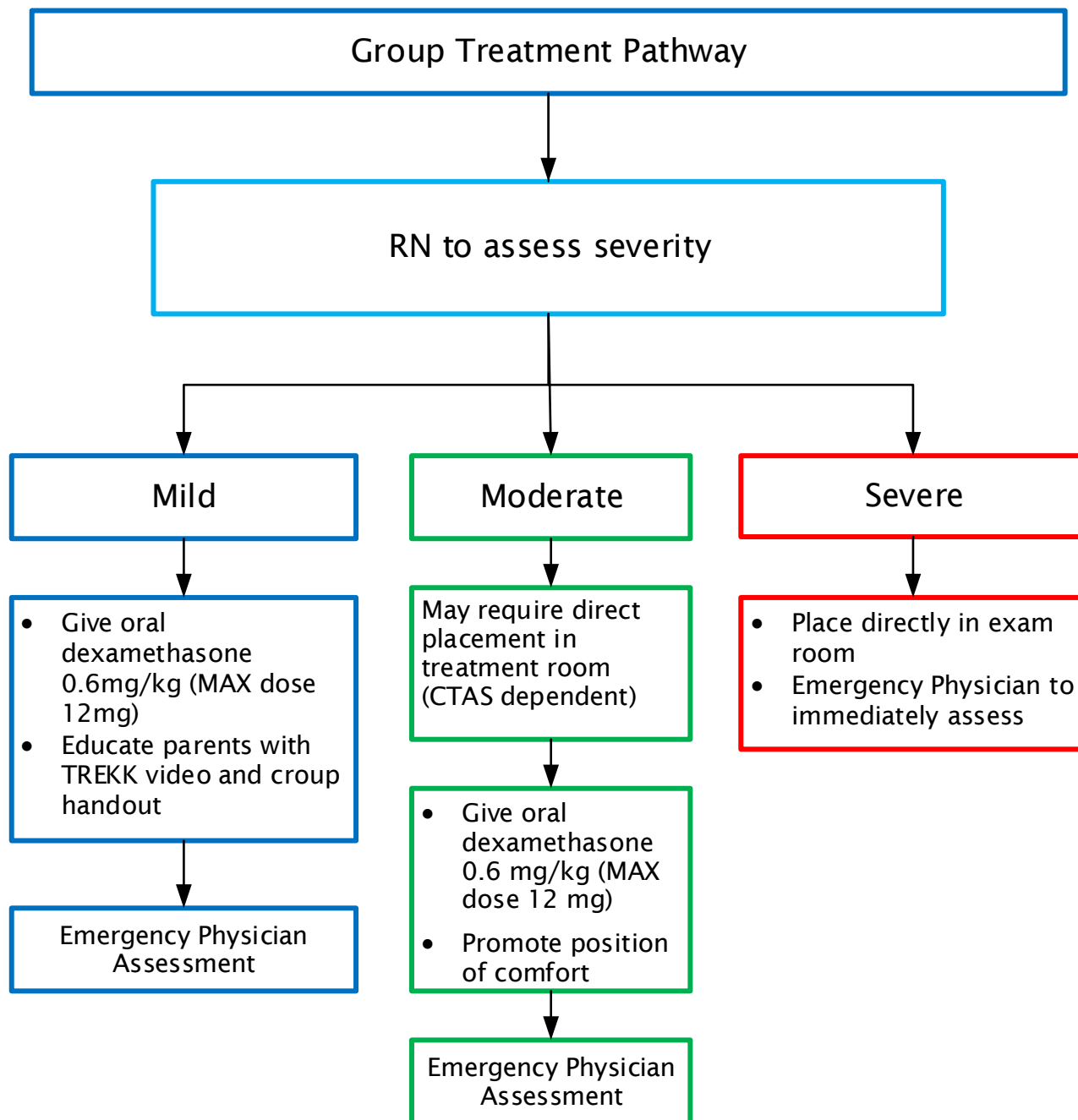
[Appendix D](#) – Inclusion/Exclusion Criteria

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Appendix A: Definitions

Health Care Providers	For the purpose of this Care Directive includes Registered Nurses, Advanced Care Paramedics and Critical Care Paramedics working in the Emergency Department with the required competencies to implement this Care Directive.
Substitute Decision Maker (SDM)	A person who is legally authorized to make decisions on behalf of the patient. (Canadian Medical Protective Association)

Appendix B: Croup Treatment Pathway



Appendix C: Levels of Severity for Children with Croup

Mild	<ul style="list-style-type: none"> • Occasional barky cough • No audible stridor at rest • No increased work of breathing and if present, only mild suprasternal and/or intercostal in drawing
Moderate	<ul style="list-style-type: none"> • Frequent barky cough • Easily audible stridor at rest • Mild to moderate suprasternal and intercostal retractions at rest • Mild agitation, if any
Severe	<ul style="list-style-type: none"> • Frequent barky cough • Prominent inspiratory, and occasionally expiratory stridor • Marked intercostal retractions • Significant distress and agitation
Impending Respiratory Failure	<ul style="list-style-type: none"> • Barky cough (often not prominent) • Audible stridor at rest (occasionally hard to hear) • Intercostal retractions (may not be marked as respiratory failure progresses) • Lethargy or decreased level of consciousness • Often dusky appearance without supplemental oxygen

Appendix D: Inclusion/Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Age between six months and six years old • Non-toxic appearance (i.e., alert, interactive and well perfused) • Barky cough (seal like) — on presentation, or by parent description <p>May have a history of:</p> <ul style="list-style-type: none"> • Acute onset of trouble breathing • Stridor at rest or with stimulation • Hoarse voice • Mild to moderate intercostal retractions at rest 	<ul style="list-style-type: none"> • Drooling • Marked retractions • Toxic appearance (i.e., pale or cyanotic, lethargic or inconsolably irritable, tachypnea, tachycardia with poor capillary refill, O2 saturation less than 92%) • Severe respiratory distress or impending respiratory failure • Suspected foreign body ingestion/aspiration • Known airway abnormality • Immunocompromised • Not immunized

DISTRICT HEALTH AUTHORITY/IWK POLICIES BEING REPLACED

N/A

VERSION HISTORY

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
New November 26, 2019	2020-11-09 Placed in revised CD template and CD language applied.